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ABSTRACT

This paper looks at three parties impacted by adoption: the adoptive parents, the adopted child, and the adoptive family. When working with adoptive parents, counselors should respect the strength of the couple, their commitment to parenthood, and the closeness that may develop from weathering the issue of childlessness. Adoptive parents are encouraged to feel a sense of entitlement to their adopted child, to not reject or criticize birth parents, and to accept the differences between adoptive and biological families. Behaviors of adopted children include the need to be perfect, fantasies bout their family of origin, and feelings of grief and loss. Successful adoptive families work at acknowledging their differences by participating in family building, practicing equality, realizing the salience of adoption, and maintaining open communication on the subject of adoption. Two techniques for counseling with adopted families are discussed. These include the brief solution focused therapy model employed by the Center for Adoptive Families, and the therapeutic tool of the adoption story. It is important to realize that adoptive families seek counseling services with problems and concerns similar to other families. By ignoring the adoption issues the counselor may contribute to the silent and mysterious influences adoption issues have on the family, or may be ignoring a potential avenue to growth and change. (Contains 22 references.) (ADT)

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Moses and Superman Come Home:
Counseling Adoptees and Adoptive Families

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Superman and Moses were both adopted. Superman is fictional. The chronicle of Moses' life is a collection of both truism and myth. While many 20th century notables such as Maya Angelou, Greg Louganis, Steven Jobs, Art Linkletter, Dave Thomas, James Michener, and Nelson Mandela were adopted, the truth about adoption is still shrouded in fiction and myth. It is still the fictional adoptee, Oedipus, the poster boy for familial discord and pathology, that captures headlines.

The problem is that families with problems are more interesting than families considered normal or ordinary. Dysfunction captures the public's interest and adopted families have not been spared the scrutiny of the news media. Between April 1993 and March 1994 the adoption theme was featured 113 times on nationwide radio and TV news. Only abortion (186) and pregnancy (181) were featured more often. Most of the media attention does not focus on the overwhelming majority of successful adoptions or the systemic problems that make adoption necessary. Instead the media focuses on greedy adoption agencies, misguided social workers and unscrupulous adoptive parents (Wegar, 1997).

Stein and Hoopes (1985) studied non-clinical populations, finding no significant difference between adoptee and non-adoptee populations in self-esteem and identity formation. In fact, the general population of adoptees they studied was doing quite well.

Raynor (1980) reports that 80% of adoptee parents and a similar number of adopted young adults consider their relationship to be warm and satisfying. Two-thirds of adoptive parents described their relationship with their adopted child as providing them with both pleasure and pride. Nearly fifty percent could not recall serious anxieties or tensions in their relationship.

Still, it is unwise to ignore the fact of adoption. The adoptee's experience is different than if he had been raised by biological parents. The differences are not confined to the adoptee. The adoptive family, like all families, experiences periods of struggle. It is important for the family therapist to be cognizant of the unique characteristics and opportunities that befit the adoptive family. This paper will look at three parties impacted by the adoption: the adoptive parents, the adopted child, and the adoptive family.

The Adoptive Parents

Adoptive parents are usually adoptive parents because of a problem, their

childlessness. If they seek to heighten satisfaction in an unsatisfactory, childless marriage with an adopted child they are very likely to experience disappointment. However, if they face their childlessness and its subsequent grief, frustration and disappointment and come to terms with it, they can develop increased understanding and closeness and move towards a successful adoption experience (Kirk, 1964; Rowe, 1966).

Certain qualities distinguish adoptive parents. They are unusually committed to becoming parents. During the pre-placement waiting, the trial placement, and a year into the post-placement period the decision to be parents is recommitted to every day. Unlike biological parents adoptive parenthood can be rescinded by just a phone call to the social worker or adoption agency.

Not having a biological influence on the child, the adoptive parent often places a heightened emphasis on the child's environment to pass on necessary skills, values and solutions to the child's deficits. Such lofty expectations and a need to be in control of so much of the environment may lead to over-protectiveness or burnout in the adoptive parent (Melina, 1986).

The adoptive parent is usually older and often savvy about the mental health community having worked closely with caseworkers. They may be hesitant to seek help for fear it may relay a sense of being unappreciative or encourage the idea that the placement may have been a mistake (Melina, 1986).

The strength of the adoptive couple comes from their age, commitment to parenthood, awareness of the importance of environment, and their unusual closeness having weathered and resolved the problem of childlessness. Capitalizing on these strengths is important for the therapist. The strengths of the adoptive parent will assist them in what they must do to have a successful placement.

The Adoptive Parents: What they should (or should not) do

Gain a sense of entitlement. Raynor (1980) found that adoptees who felt their parents exerted "moderate and consistent control over them (p.109)" were now well-adjusted adults. Whereas, only half the adoptees who felt their parents were too lenient, inconsistent, or contradictory would be called adjusted.

It is believed that lack of consistent, clear and definitive guidelines in adoptive parents comes from lack of a feeling of entitlement. (Hartman, 1984; McRoy et al., 1988;

Raynor, 1980; Ward, 1979). Entitlement involves the idea that the adoptive parents consider themselves to be real parents building a real family with the right to parent the adopted child. Entitlement is taken for granted in biological families. Entitlement eases a lot of the anxiety in the adoptive parent. Its presence "manifests itself in a confident and robust approach to family relationships by both adopter and adoptee" (Raynor, 1980, p.104).

A strong sense of entitlement usually translates to a heightened sense of belonging to the adoptee. The lack of entitlement can give rise to two problem behaviors found in the adoptive parents: rejection or criticism of birth parents and denial of adoption differences.

Do not reject or criticize birth parents. Blum (1976) found that rejection or criticism of birth parents by adoptive parents usually comes from insecurity, fear of rejection in the adoptive parent and a lack of a feeling of entitlement. Conversely, criticism of birth parents serves to drive the adoptee to reject the adoptive family. It heightens participation in a "family romance", a fictional aggrandizement of the birth parents and exacerbates problems with adoptee identity (Kirk, 1964; Melina, 1986; Stein & Hoopes, 1985).

Accept differences. Kirk (1964) argued that the acceptance of differences between adoptive families and biological families was paramount to the success of the adoptive family and the adoptee.

The irony of Kirk's finding is that for many years in their attempts to match children to parents, agencies sought to mask the differences between adopted and biological children. Parents who understand and accept the differences recognize the importance of overt family building. They have taken a giant step to optimizing the health of the adoptive family by: sharing pertinent history with the adoptee, welcoming questions regarding adoption, and reaffirming the acceptability of the adoptee's antecedents (Hartman, 1984).

Interestingly, special needs adoptions are more successful than might be expected because it is more difficult to deny the differences between biological and adoptive parenting. It seems that parents who adopt special needs children must actively engage in family building and have less of a need to replicate the biologically formed family.

The Adopted Child

Jill Krementz's (1982) book How It Feels to Be Adopted, a collection of young people's adoption stories, suggests that adoptees think about adoption more often than adoptive parents imagine. The list of what they think about is often similar, but by no means particular to each adoptee: the pressure to be perfect, family of origin fantasies, grief, and the differences of being adopted.

The pressure to be perfect. Adopted children often feel a mandate to be perfect (Melina, 1986). First, being perfect is a way to show gratitude to adoptive parents for rescuing them from orphanhood. Secondly, some adoptees think perfection is the price they pay to stay in their adoptive home. If they weren't perfect they may have to leave this home. This is a particularly strong feeling in the adoptee who believes he was placed for adoption because he was bad. Thirdly, at times the adoption process is like an audition for social workers, the courts, friends, and relatives. Adoptive parents with high expectations of themselves often gauge their own success in terms of their child's behavior. They may put undue stress on the child to be perfect.

Family of origin fantasies. It is not unusual for an adoptee to have fantasies about birth parents (Melina, 1986; Stein & Hoopes, 1985). The fantasies often see the birth parents as famous, rich, attractive, misunderstood, lenient, etc. Very often the qualities reflect what the adoptee perceives their adoptive parents are not. More serious fantasies can take the form of stories that the adoptee was stolen from her birth parents and that the placement was out of the birth parents control. Fantasies are common and often mitigate the inevitable disappointments with adoptive parents. The fantasies can, however, interfere with both identity and attachment (Stein & Hoopes, 1985). They can also threaten adoptive parents who then attempt to drive the adoptee into rejection of her birth parents.

Grief. As the adopted child grows there is a point in his cognitive development where he realizes, "If I joined this adoptive family, I then must have lost a birth family." Brodzinsky (1990) suggests that for the adoptee there is a process of adaptive grieving. In younger adoptees this sense of loss can be accompanied by behavioral, emotional and attitudinal changes. As the adoptee matures into adolescence the loss can deepen to include a loss of identity and the loss of connectedness to a genealogical line (Sants,

1964).

Searching behaviors. Why adoptees search for birth parents is a controversial and complicated topic. The answers vary with each adoptee. The research by McRoy, et al. (1988) observes that forty percent of adoptees with significant problems pursue search while approximately thirty-five percent of the adoptees with non-problematic behavior pursue a search. This suggests that searching behaviors are an adoptee personality trait and not reflective of a strained adoptive family relationship, ineffective adoptive parenting or pathology. Search is often an effort to establish a psychological, medical or genealogical history for the adoptee (Melina, 1986).

Perhaps the best (but most innocuous) reason for searching behavior is cited by Blum (1976) and given by an adoptee who also happens to be an adoptive parent:

> Adopted children feel curious, that's how they feel; they may also feel happy, sad, buoyant, anxious, competent, depressed, not because they are adopted, but because they are individual children, growing up in particular families. That's the point that the courts, the experts, and the authors seem to miss: once you accept the curiosity as a given...there just isn't that much difference in the rest of it (p. 248).

Loss. Brodzinsky (1990) identified four types of loss experienced by the adoptee. Recognition of these losses by the adoptee can produce a stress not found in more typical families.

The first loss is of biological parents; it is a loss of origins. Prior to middle childhood the adoptee has experienced only a positive orientation towards adoption: "...a loving family has taken me in." With middle childhood the child is cognitively able to realize the forerunner to that equation: "My birth parents gave me up, and.... " This realization is experienced as a loss of the biological parents, a loss of origins.

The second is loss of stability in the relationship with their adoptive parents. Understanding the relinquishment of the first parents, the adoptee senses a possible lack of permanence in the adoptive parent/adoptee relationship. Only in adolescence will the adoptee understand the emotional and legal commitment of the adoptive parents (Brodzinsky, Singer, et al., 1984).

The third loss is loss of self and genealogical continuity. Sants (1964) has characterized this as genealogical bewilderment, the experience of confusion, uncertainty,

and feeling of incompleteness regarding the adoptee's origins. In the adolescent this complicates the psychosocial task of identity formation. Brodzinsky (1990, 1987) characterized this perception of loss not just as a loss of birthparents, but also as a loss of part of themselves.

The fourth is a loss of status associated with being adopted and being different. Adoption is still seen by many as a second-best way to create a family and that adoptess, while having the legal privileges of biological children, are still somehow wanting as children. This can often lead to embarrassment for the adoptee. Melina (1986) pointed out that people not familiar with adoption often "view adoptees as some kind of alien species; therefore they think it all right to talk about them as though they were clinical specimens" (p. 80). This contributes further to the feelings of separation and differentness the adoptee experiences.

The Adoptive Family

The optimal emotional climate in the adoptive home was described by Raynor (1980) as:

> Plenty of affection, a cheerful and harmonious atmosphere, being allowed reasonable independence at an appropriate age and the absence of tension were all associated with a feeling of closeness in the family and with satisfaction and good adjustment (p.149).

Adoption is not an easy way to have children. It is not a way to strengthen a faltering marriage or to fix an infertility problem. The environment of the adoptive family is defined by how they confront the difference created by their adoptive status. Brodzinsky (1987) suggested that difficulties in adjustment emerge when families adopt extreme views in dealing with adoption confrontation. Brodzinsky identified one extreme view as *insistence-of-difference*, an emphasis of adoptive differences that makes adoption the major focus of the family. The other extreme, *rejection-of-difference*, was identified by Kirk (1964) and is typified by the family that forgets about its adoptive status and encourages the adoptee to do the same. Brodzinsky and Kirk asserted the more helpful view is a moderate *acknowledgement-of-difference*, where the family allows itself and the adoptee the freedom and opportunity to explore the feelings of being different that emerge in the course of life experiences.

Successful adoptive families work at acknowledging their differences and here are some of the things they do: they participate in family building, they practice equality, they realize the salience of adoption, and they maintain open communication on the subject of adoption.

Family building. To describe the process of family building Hartman (1984) describes adoption as more analogous to marriage than to birthing. In adoption, like marriage, there is a strong intent to love but the process of building attachment takes place over days, months and years. The process begins during the deciding to adopt period and continues throughout the life of the adoptive family. Unlike the biological family the adoptive family is not a given, it must be built.

Treating all children equal. Successful adoptive families treat the adopted children as a full member of the family, just as a biological child would be treated. There is a tendency in adoptive parents to either over protect and over indulge or relentlessly push the adopted child. The former is done to safeguard the adoptee from leaving to find his birth parents, the later to overcompensate for the adoptive parent's perception of genetic shortcomings.

Stein and Hoopes (1985) report that adoptees who have siblings that have biological membership in the adopted family have a more difficult time establishing an identity and place in the family. This happens because there may be a perception of inequality by the adoptee.

It is also important that extended family members develop warm relationships with adoptees. This ensures a sense of belonging to the adoptee. It also instills a feeling of membership in a family after the adoptive parents are gone (Melina, 1986).

See the salience of adoption. Raynor (1980) and Rowe (1966) both observe that successful adoptive families do not dismiss the importance of adoption. For instance, they anticipate that normal adolescent behavior may take the form of an attack when the teen feels vulnerable. The threat, "You can't make me, you aren't my real parents", must be put in perspective so the adoptive parents don't feel personally threatened.

Successful adoptive families anticipate possible times of grief for the adoptee: birthdays, adoption days, or holidays that call for the family getting together can trigger a grief response in the adoptee. Grief is not a signal that the adoptive parents are poor

parents.

Promoting open communication. Open communication about the adoption is essential. Telling a child about adoption is not unlike telling a child about human reproduction. Most authors (Kirk, 1964; Melina, 1986; Stein & Hoopes, 1985) recommend that the information should be developmentally appropriate and suggest allowing the adopted child take the lead in asking. The child will take the lead if she knows the adoptive parents are comfortable and forthcoming with the information. The information should be given in a direct, non-anxious, non-threatening way. If the parents do not have this open quality or they are uncomfortable with this information, the adoptee may either stop overt inquiry to spare the adoptive parents discomfort, or use the inquiry to increase tension in the relationship. Families who are accepting and comfortable with the adoption are more likely to have kids who are accepting and comfortable with their adoptive status.

Implications for Counselors

In any counseling setting you will meet with individuals having some connection to adoption. In all counseling situations the salience of adoption should be explored. Hartman and Laird (1990) stress that as long as the salience of the adoption issue is recognized a variety of therapeutic approaches can be used. Two techniques will be mentioned here.

The brief solution focused therapy model employed by the Center for Adoptive Families (CAF) has reported success in working with adoptive families. CAF believes that concentrating on the family's ineffective patterns of communication, instead of seeing the adoptee as pathological, prevents the risk of the adoptee, who has no biological standing in the family, from feeling singled out even more (Schaffer & Lindstrom, 1990).

Often adoptive families seek counseling believing adoption is the issue. As long as the "family 'blames' the problem on the issue of adoption they will stay stuck, as there is nothing anyone can do to change what is fact" (Schaffer & Lindstrom, 1990, p. 240). CAF's effectiveness lies in their ability to generate causes, explanations and exceptions in the therapeutic setting. This heightens the chances of finding a solution.

Another powerful tool in a therapeutic setting is the adoption story. Through story and narrative humans endow experience with meaning and consolidate a sense of self.

Stories are very likely to develop around major events in a person's life. Hartman and Laird (1990) have stated that the core of the work with an adoptive family is the telling, retelling, sharing and reconstruction of the adoption story. The adoption story is multi-layered. It involves the circumstances of the birth parents, the infertility of the adoptive couple, the joy and healing of the placement and the process of family building.

In closing it is important to realize that adoptive families seek counseling services with problems and concerns similar to other families. If the counselor ignores adoption issues she may either contribute to the silent and mysterious influences the adoption issues have on the family or she may be ignoring a potential avenue to growth and change.

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